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VIA FACSIMILE: (571) 273-8300

PATENT
DON01 P-1152

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2872
Examiner : Alessandro V. Amari
Applicant : Niall R. Lynam
Serial No. : 10/709,434
Filing Date : May 5, 2004
For : MIRROR REFLECTIVE ELEMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Via Facsimile: (571) 273-8300

Dear Sir or Madam:


CERTIFICATION OF FACSIMILE TRANSMISSION

I hereby certify that the following papers are being facsimile transmitted to the Patent and Trademark Office on the date shown below:

1. Claims As Amended Transmittal Sheet (1 page, in duplicate)
2. Response (12 pages)

YOU SHOULD RECEIVE A TOTAL OF 15 PAGES.

Date: February 27, 2006


Susan L. Gasper
Van Dyke, Gardner, Linn & Burkhart, LLP
2851 Charlevoix Drive, S.E., Suite 207
P.O. Box 888695
Grand Rapids, Michigan 49588-8695
(616) 975-5500

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Via Facsimile: 571-273-8300

Dear Sir or Madam:

Transmitted herewith is an amendment in the above identified application.
The fee has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	* 11	Minus	** 21	= 0	x \$25	\$.00	x \$50	\$ 0.00
Independent Claims	* 1	Minus	*** 3	= 0	x \$100	\$.00	x \$200	\$ 0.00
First Presentation of Multiple Dependent Claims					\$180	\$.00	x \$360	\$.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$.00		\$ 0.00


- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.
** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
*** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

- Small entity status of this application has been established.
- ☒ No additional Fee is required.
- A check in the amount of \$_____ is attached.
- ☒ Please charge any additional fees or credit overpayment to Deposit Account No. 22-0190.
A duplicate copy of this sheet is attached.

VAN DYKE, GARDNER, LINN & BURKHART, LLP

Date: February 27, 2006

By


Timothy A. Flory, Registration No. 42 540
2851 Charlevoix Drive, S.E.
P.O. Box 888695
Grand Rapids, Michigan 49588-8695

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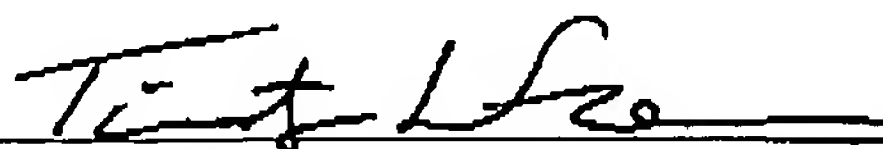
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Dear Sir or Madam:

RESPONSE

Responsive to the Office Action mailed November 28, 2005, Applicant wishes to amend the application as follows:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 6 of this paper.

Remarks begin on page 9 of this paper.